

CONDUCTED BY THE
INTERNATIONAL CITY MANAGERS' ASSOCIATION

1313 East 60 Street, Chicago 37, Illinois

Report No. 196

May, 1960

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CITY POLICIES AND PROGRAMS FOR THE AGING POPULATION

What is the aged population of the United States? What are the characteristics of this group? What special problems and needs do the aged have? What actions have been taken by public and private groups to fulfill these needs? What is the role of the city government in the near future of the aged population?

The phenomenon of aging represents a fundamental and permanent development in American society. The primary factors lie in changes in the birth rate, improved health environment, revolutionary changes in the economy and in household and family organization, urbanization, rapid social change, mobility, and institutionalism. A great deal of attention has been given to the economic and social problems of the aged in recent years, all of it well intentioned, but much of it misdirected in finding ultimate solutions to basic problems. It is the purpose of this report to suggest the role of the city government, to summarize the characteristics of the aging population, and to describe the work that is being done by public and private agencies.

Role of the City Government

In assessing the role which cities can play in developing programs for the aged, major emphasis must be put on housing and recreation for it is in these areas that cities have the greatest opportunity to aid the senior citizen. There are, however, many things which can also be accomplished in the areas of health, income maintenance, social welfare, and community and family relationships.

Priorities should be established by cities considering these problems only after making a careful study of current needs and available public programs and facilities. Public and private programs can be inventoried to determine if present efforts toward alleviating problems of the aged are being utilized to their fullest extent. Four basic criteria lend themselves to this analysis:

1. Are older people getting their fair share of community services based on their proportion to the total population and on their needs?
2. Is there a comprehensive and coordinated community-wide plan for coordinating programs for the aged?
3. Do programs for older people have the same standards in physical facilities, program content, and staff as do those for other age groups?
4. Do people in the community know these programs exist and how to take advantage of them?

Planning for the Aged

What programs specifically can be undertaken and developed by cities? Planning and determination of needs is a prerequisite to effective action. MIS Report No. 190 for November, 1959, *Determining and Evaluating Citizen Needs and Desires*, will be of special interest in formulating a plan by which the needs of the aged population in a city can be determined. Measuring this need against facilities already serving this group provides a good gauge of what still must be done and how effectively present services are functioning. For criteria which can be used in addition to the four listed above, see particularly pages 12-13 of MIS Report No. 190.

This report suggests seven major areas which cities might examine as fruitful and legitimate activities of a local government which wishes to serve the needs of this age group. The first four — income, housing, medical needs, and recreation — are discussed in greater detail in the balance of this report.

Income and Employment. The major burden in the area of income falls upon the states and the federal government. But much valuable work can be done by cities in working toward equal opportunity to work. Municipalities might consider discouraging discriminatory hiring practices on the basis of age. Action of this sort mostly would benefit men and women of middle age but also could aid the older person.

Human relations councils, composed of leading citizens in the community, could work toward public and industry recognition of the value of senior citizen skills. City government appropriations could be made to retrain older people who do not possess needed skills. An example of what can be done is the Bethlehem (Pennsylvania) Committee on Older Workers. The general objectives of the group are to promote better public understanding of the work capabilities of older workers so that ability, not age, is considered; to guide and assist older workers in obtaining employment; and to develop better understanding by older workers of services available to them.

Housing. Housing would appear to be one of the areas in which communities can do a great deal for the aged, but to date few cities have taken the necessary action. The federal government and several states offer considerable financial aid to interested local communities, and the contributions made by the city frequently are small.

While the federal government has assumed a major share in the development of economic security and housing programs for the aged, the states and local governments have not met adequately the needs of their older citizens. The greatest contribution to the solution of these problems, aside from the role of the federal government, has come from large urban areas such as New York, Cleveland, Chicago, San Francisco, and San Antonio, where great strides have been made toward serving the total needs of the aged.

Medical Needs. Larger communities are in a good position to encourage local private insurers, particularly Blue Cross and Blue Shield, to liberalize their regulations for older people. Cities can take an active role in working with these groups to arrange plans that fit the needs of the aged population and the regulations of the state. Perhaps the most significant role the city can play is in the maintenance of high standards in hospitals and nursing homes, in encouraging geriatric research in local universities and hospitals, and in working with the federal government and the states in obtaining needed facilities for the aged.

Recreation. This is the least expensive and the most feasible area in which cities can participate. The city should provide adequate, safe, and enjoyable recreational facilities for the aged person at low cost, frequently by integrating senior citizen programs into city-wide recreation programs and by using existing facilities on a part-time basis. Cooperation with private organizations — for example, churches, YMCA's, and private welfare agencies — are effective ways of supplementing publicly financed programs.

Public Welfare Activities.¹ Cities have a significant interest in financing and maintaining public welfare activities. Public welfare has a responsible role to assume in the provision of services to older people throughout the community having social service needs which may or may not include economic want. Some of the services which public welfare can offer cities and the public are: (1) information directed to the public about the needs of older people and the services required to meet these needs; (2) development of services to encourage independent living, individual counseling, information and referral service, help for the aged mentally ill, help of various kinds unmet with medical and housing needs, and protective services; (3) special projects including social rehabilitation, home medical care programs, volunteer services, family care, volunteer services, and special casework programs; and (4) provision of community leadership to consolidate all community resources toward an effective operating program for the aged.

¹See especially American Public Welfare Association, *Aging — Public Welfare's Role* (Chicago: The Association, 1960), pp. 1-20.

Community Resources. One of the most difficult areas to define but one of the least expensive methods of providing services to the aged is through special joint committees. Without the cooperation of all the forces within a city no effective program for the aged can be activated. Cities can take action to formulate committees representative of the city government; private, religious, social, and fraternal groups; the public; and most particularly of the aged groups in the population.

Groups of this type can be particularly effective in coordinating services within the community, disseminating information on programs and facilities, encouraging public realization of the needs of its senior citizens, and aiding in the avoidance of duplication of facilities.

Information. Information that is clearly stated and widely distributed on programs and facilities for the aged can be undertaken by municipalities. Many people just do not know such services exist. Recently The United Community Fund of San Francisco prepared an attractive nine-page booklet entitled *Opportunities for San Francisco's Older People* which contains information on recreation facilities, insurance benefits, employment, legal aid, health, and counseling services. Addresses and telephone numbers were included. The booklet was printed and distributed by the *San Francisco Examiner* as a public service.

Importance of the Aging and the Aged

A significant amount of interest is being shown in the position of the aged person in American society. Of particular note in this area are: (1) the hearings being conducted by the Subcommittee on Problems of the Aged and the Aging of the Committee on Labor and Public Welfare of the United States Senate; (2) the Project on Aging of the American Public Welfare Association, Chicago, financed by a grant from the Ford Foundation; (3) the White House Conference on Aging to be held in January, 1961, and the preliminary conferences preceding it; (4) the rising proportion of interest in the problems of the aged which has resulted in research, publications, and study of these problems; and (5) the development of a public awareness of the needs in this area.

The sheer size and magnitude of the problem of the aged is both disturbing and challenging. The size of the problem can be measured by the total number of aged persons in the United States today, the increasing life span of the individual, and the increasing financial burden on the economy. The magnitude of the problem encompasses life in its aspects of work, health, housing, family relations, recreation, and community living.

Who Are the Aged? For purposes of this report, the aged are persons 65 years of age or over. The United States Bureau of the Census estimates that approximately 15,701,000 individuals (1960) fall within this group. At the turn of the century, only 4 per cent of the population was in the over-65 bracket compared with 8.2 per cent in 1958. Projections, however, should not overemphasize percentages in relation to the total population. It is important that future needs of this group be based on absolute figures. This is due to two factors: (1) the increasing birth rate; and (2) the permanent defect in the American economy caused by the lower birth rate of the 1930's. Thus the number of older people will climb until the end of the century and then will remain at a plateau until early in the 21st century, when the high birth rate of the later 1940's will be felt. On the other hand, the per cent of aged persons will rise to a peak around 1975 and stabilize until 1980 when there will be a sharp decline.

Population projections beyond 2000 are both dangerous and unwise due to unforeseen factors such as prolonged depressions or wars.

Population Characteristics. Total numbers of aged persons in the population of the United States is not by itself an adequate index of the enormity of the impact the aged will have on the economy of the United States. Peter Steiner and Robert Dorfman list several characteristics which are of use in analyzing this problem:²

1. Age Distribution. The period of old age frequently is a long one, often almost a quarter of a person's life span. It is interesting to note that of those 65 and over (1950), 40 per cent are

²Statistical data used in this section of the MIS report were taken from Peter O. Steiner and Robert Dorfman, *The Economic Status of the Aged* (Berkeley: University of California Press, 1957).

between 65-69; 27.8 per cent, 70-74; 17.5 per cent, 75-79; 9.1 per cent, 80-84; and 4.7 per cent are 85 years or over.

2. Ratio Between the Sexes. Women live longer than men. In 1950 longevity for white males 65 years of age was 13.0 years; for white females 15.3 years. This ratio decreases with age. At age 80, it is 6.0 years for men and 6.6 years for women. In this same population group, it is estimated that by 1961 there will be 82 men to every 100 females; by 1975 this ratio will decrease to 73 men to every 100 women. It is the unrelated female who presents the greatest economic problem among the aged population.

The marital status of the older population reflects the differences in longevity, the hazards of the aging process, and the tendency of men to marry younger women. For the immediate future about two-thirds of older men and about one-third of older women will be married.

3. Living Arrangements. Seventy-five per cent of the aged population lives with some family member; 15 per cent live in their own households but live alone or with nonrelatives; 4 per cent live with nonrelatives but not in their own homes; and 6 per cent live in other places, such as institutions, hotels, and rooming houses.

4. Color and Nativity. Immigration was a significant source of population increase in the United States until about 1930 with the result that a significant proportion of those now 65 and over are foreign born. In 1950 about 24 per cent of white persons aged at least 65 were foreign born, as compared with about 8 per cent for white persons of all ages. The distinction between native and foreign-born older persons should not be overemphasized, however, since the immigrants who have been growing older have also at the same time been growing acclimated. No significant relationship to place of birth and no regular relationship to length of residence exists.

In 1959 only about 5.4 per cent of the nonwhite population of the United States was in the older age group, reflecting the greater life expectancy of white persons.

5. Geographical Distribution. The aged are not evenly distributed throughout the country. The seven states with the highest proportion are either in New England or the Middle West: New Hampshire, Vermont, Iowa, Missouri, Maine, Kansas, and Massachusetts. In computing population projections on the geographic basis several factors must be accounted for. Some suggested criteria are fertility, mortality, and migration. The importance of these factors is seen in California where the percentage of older persons has only reached 8.5 per cent due to a large influx of younger people of child-bearing age, particularly from the Middle West. Migration has had the opposite effect in such states as Iowa and Kansas.

Small towns have the highest proportion of older persons: 13.5 per cent of the population of incorporated places of less than 10,000 are aged persons. New suburban areas tend to have a small proportion of older people and a high proportion of children under 18.

Income and Employment

Income Status of the Aged

Income status is the most basic and pressing need of the aged population. Without minimal income the older person cannot seek adequate housing and medical care and satisfactory social and recreational activities. Poverty among the aged is a persistent and difficult problem. The income status of a large proportion of older people is similar to that of the lower income groups in the general population which means that adequate living accommodations are, for financial reasons alone, often beyond their reach.

As of December, 1957, more than one-sixth of all persons aged 65 and over in the nation had no income, and about three-fifths had income of less than \$1,000 a year. Elderly men fare substantially better than elderly women; only 5 per cent of the men aged 65 or over had no income as compared with 28 per cent of the women. Furthermore, while half of the elderly men with income received less than \$1,421 in 1957, half of the elderly women with income received less than \$741.

In addition there are marked variations in the income status of elderly persons that are

associated with their labor force status, marital status, urban or rural residence, and other factors.

Why do so many elderly people continue to have low incomes despite the substantial liberalization of the social security program that has occurred during the last decade?

1. Of considerable importance has been the marked decline in the proportion of elderly men in the labor force since 1950, a continuation of a long-run trend. The rise in the average income of elderly couples and aged men has been held back by this decline in the proportion of earners among elderly men.

2. Although more than half of all persons aged 65 and over now receive Old Age and Survivor's Insurance benefits (OASI or federal social security) there are many beneficiaries, particularly among those who retired some years ago, whose benefits are based on earnings received when wages were much below their present level. This tends to hold down the average benefit which amounted to only \$71.40 per month for a retired worker in January, 1959. Although the maximum benefit is now \$127 per month for a single person, it will be several years before any retired worker can receive this maximum.

3. Although about 18 million workers are covered by private pension and profit sharing plans, many of these plans are relatively new, and comparatively few workers have retired under them. The 1957 National Survey of Old Age and Survivor's Insurance Beneficiaries showed that only one-fourth of the aged beneficiary couples were receiving income from employer or union pensions.

4. Among older persons are many who are not eligible for either Old Age and Survivor's Insurance or private pension benefits. This is the group that is dependent primarily on Old Age Assistance or support from relatives.

The mere fact that the incomes of elderly people are comparatively low does not in itself prove that they are seriously inadequate. The critical problem in appraising the income of the aged is to determine what percentage of elderly couples and individuals have incomes that fall below those required for carefully defined essentials of living. The Bureau of Labor Statistics of the Department of Labor has prepared an elderly couple's budget for use in determining minimum living standards. A community which wishes to ascertain the living conditions of their older citizens can use this budget as a guide in comparing local income of aged persons with the amount necessary in their particular community to subsist.

Federal Government. The foremost federal activities for aiding older people are concerned with adequacy of income for unemployed persons. With respect to numbers of older persons directly affected and amount of money involved, the various programs of Old Age and Survivor's Insurance benefits, retirement payments, disability payments, and public assistance are biggest.

Apart from social security programs, the federal government administers a variety of special-purpose programs that fall in the area of income maintenance: the railroad retirement systems; the veterans' benefits program; civil service retirement systems; a variety of smaller retirement programs; and retired pay to military personnel.

The government's efforts in this direction have special significance for older people, particularly those who live primarily on fixed incomes such as pensions and annuities. Federal tax policies recognize the special problem encountered by older persons, and income tax laws grant substantial relief to older people or to members of their family who are responsible for their support.

State Governments. All states provide financial assistance. In June, 1959, 2.4 million aged persons received money payments averaging \$56.31 per month. The average monthly amount varied among the states from about \$30 to more than \$100.

Employment

A problem intimately connected with the income status of the aged is employment. In many cases income level is a direct result of inability to work full time at a gainful and satisfactory employment. Unemployment of the aged is due to many factors: automation; discrimination because of age; physical disability; depression or recession in the economy; lack of needed and necessary

skills; and desire to retire. Disability is the most important single factor inhibiting employment and precipitating retirement. Morbidity studies agree that the prevalence of disability rises considerably with age. Where it exists, total disability is a valid disqualification from work. But even disability is no longer accepted as entirely fixed; rehabilitation and advancing medical care are making employment of the handicapped more feasible.

Arbitrary hiring practices have also had a significant impact on the decline in labor force participation of older people. Invisible datelines which mark the decline of employment opportunities are often set as early as 45 or 50. In a study conducted by the Greater Hartford (Connecticut) Community Council among 26 companies representing finance, retail trade, insurance, and manufacturing, it was found that half of the firms definitely do not hire anyone over 65. Insurance companies are least likely to do so and retail trade companies most likely. When older people are hired, it is usually for casual, seasonal, maintenance, or custodial jobs.

The third major barrier to the employment of older workers is compulsory retirement. In the Hartford study it was found that the normal compulsory retirement age is 65, but the majority of companies will extend this to 70 when the individual is able and wishes to continue. Retirement benefits usually do not continue to accumulate after age 65. Seventy-six per cent of the workers in insurance, 60 per cent in manufacturing, 50 per cent in finance, and 25 per cent in retail trade are subject to compulsory retirement.

It is these latter two factors — arbitrary hiring practices and compulsory retirement systems — which are the most frustrating to the healthy individual who wishes and needs to work, but cannot find employment. The position of these persons becomes more acute as the job market tightens because they must compete with younger persons. Forced retirement not only has a deleterious affect on income level but also tends to put an emotional burden on the aged person.

After the first few months of retirement, he finds that his leisure time hangs heavy, he misses the routine of working, he feels useless, and his personal contacts are lessening. He experiences the same type of emotional frustration that any man or woman of any age would feel when they suddenly find themselves unemployed. The reality of living on a fixed monthly income becomes sharper. His home becomes too large, and new housing unduly expensive or unsuitable; recreation must be limited to that which he can afford. In short, he is dismayed at his position in a society to which he has devoted 40 or 45 years of his life.

Federal Government.³ Federal government activity has for the most part been accomplished through the Department of Labor and the Small Business Administration. The general objective of the Department of Labor's older worker program is to help make it possible for older persons who desire and are able to work to continue their productive lives through suitable gainful employment. To meet the problems which are peculiar to age and employment, the Department in 1957 began an expanded program of specialized services which seek to:

1. Increase employment opportunities for middle-aged and older men and women by providing services designed to enhance their employability, such as job counseling, and by stepping up efforts to find jobs for them through the facilities of the affiliated state employment security agencies.
2. Carry out fact-finding activities in the field of employment of middle-aged and older men and women by collecting, analyzing, and publishing basic facts regarding their capabilities, work performance, and contributions to the economy.
3. Promote public understanding of the employment problems of middle-aged and older men and women by conducting sustained informational and educational activities designed to emphasize that in reality there is no fixed age at which a person becomes too old to work and that each worker should be considered for employment on the basis of his individual qualifications.

The Department of Labor has four major types of programs aimed at aiding the aged person. The Department is working closely with the staff of the White House Conference on Aging in developing plans and activities for the National Conference to be held in 1961. A staff member is assigned

³ This section is based on information from Federal Council on Aging, *Programs and Resources for Older People* (Washington, D. C.: Government Printing Office, 1959).

full-time to coordinate the activities within the department and to assure effective liaison with other federal agencies and groups and with the White House Conference staff.

The second program is direct services to middle-aged and older workers; counseling and placement services for older workers are provided by the 1,800 local offices of the affiliated state employment security agencies.

The third area of activity is fact-finding. The Bureau of Labor Statistics has been conducting studies of the factors which affect the economic situation of older workers and the implications of these facts for the economy. These studies are aimed at supplying information to correct misconceptions that often lead to discrimination against workers on the grounds of age.

The Women's Bureau has studied the employment problems of mature women, the occupations and industries in which they are employed, and training programs available.

Research activities of the Bureau of Employment Security have concentrated on finding methods and procedures for improving and expanding the services of local employment offices for older workers.

The fourth area of the Department of Labor is educational and informational activities of cooperating with national organizations, sponsoring earnings opportunities forums for women, encouraging training and retraining programs for older workers, and preparing informational aids, such as the *Older Worker Kit*, consisting of pamphlets directed to employers, older workers, and the general public.

The Small Business Administration provides information on the conduct of small businesses in which older people may engage and assists small businesses which may supply services useful to an older population.

State Employment Activity. Although the activity in this area has been most pronounced on the federal level, the states have done an excellent job in providing direct aid to local units and individuals who are in need of employment. One of the direct methods in some states has been the passage of antidiscrimination laws. One of the best examples is New York. Eight additional states have legislation of this type: Colorado, Connecticut, Louisiana, Massachusetts, Oregon, Pennsylvania, Rhode Island, and Wisconsin. These laws, however, are primarily aimed at the middle-aged person between 40 and 65, and in three states (Massachusetts, New York, and Pennsylvania) are a part of fair employment practices (FEP) laws. These laws have had only a limited effect on the problem of age discrimination in employment.

The states have also been active through the state employment offices financed by the federal government.

California has perhaps the most extensive program of state activity. As early as 1951 an invitation to the citizens of the state was sent to participate in a conference on the work problems of the aging in October, 1951. Some 2,500 persons from every walk of life appeared at the conference in Sacramento — at their own expense. The state began early to take an active interest in gaining jobs for old people and in overcoming discrimination against older workers.

Private Industry. Significant contributions have been made by private industry in the employment of the aged. Four areas of activity have successfully contributed to the easing of the burden of unemployment of older workers: (1) the adoption by some firms of a flexible retirement age; (2) preretirement counseling and retraining for needed skills; (3) diminution of rigid hiring patterns which discriminate against the older worker; and (4) the creation of part-time jobs and new opportunities.

1. Retirement Practices. The flexible retirement system of the Consolidated Edison Company of New York has been set up to judge potential retirees on the basis of their capabilities and potential contribution rather than on an absolute age standard.

Beginning January 1, 1958, Con-Ed negotiated a change in its pension plan which made retirement at age 65 voluntary for men and age 68 mandatory, and age 60 for women voluntary and age 65 mandatory. Employees are given the choice of retiring or staying on the job. The personnel

division and the employee's supervisor must decide if the individual is capable of staying on the job. In some instances the physical condition of the employee is such that he must be retired.

One-third of Con-Ed's employees are continuing to work past the voluntary retirement age. Some of the reasons given by these employees are: they required the higher income; wanted the higher income; like the routine of working; did not want to sever contacts; had feelings of loss; had feelings of stagnation; and miscellaneous reasons. The predominant reason for immediate retirement was the desire to remain at home, rest, and enjoy leisure time; a secondary reason was the desire to travel.

The immediate results of this system have been savings in total pension payments and retention of experience and talent. Con-Ed estimates that during 1958 it saved \$228,000 in pension payments, and it estimates that a saving of \$246,000 will be realized during 1960.

Some of the other methods which have been suggested in handling the problem of retirement is to lower and raise the retirement age in relation to the economic conditions of the particular industry and the country as a whole, to utilize selective retirement practices, preretirement planning, job transfers, and part-time employment.

2. Counseling Services. Older persons have certain fundamental needs which can be partly or fully met through vocational guidance and related individual counseling services.⁴ This type of counseling can and should be undertaken by both private industry and the government. It has been used extensively and well by the Western Electric Company and Prudential Insurance Company. Each of these programs has slightly different objectives and varying concepts of organization, staffing, and technique, but each has in common the idea that dissatisfied or maladjusted employees are a source of disruption and low productivity. The cost of such services are small in comparison to the results.

3. Placement and Retraining. Retraining aged persons is more expensive and infinitely more difficult than on-the-job or preretirement counseling. Few attempts have been made to activate a program of this type and, with few exceptions, have been originated by governmental units rather than private industry.⁵

Several programs are of particular significance in the area of retraining: (1) the cooperative counseling, training, and placement program for older women conducted by the New York State Employment Service and the New York House and School of Industry; (2) vocational training by the Hannah Harrison School in Washington, D. C. where middle-aged women who wish or need to return to work are accepted for residence and training in various fields of vocational training, including home economics, office practice, retailing, clothes designing, and upholstery; and (3) the experience in a Connecticut textile town where 1,200 workers were displaced by the movement of their mill to a new location in the South where retraining and counseling services succeeded in placing about half of the workers in different occupations and industries in neighboring communities. In an age when a need for certain occupationally trained individuals is felt this source of labor cannot be overlooked. To a private concern the cost may be too great — to government it is essential in area development and in solving the problems of the aged.

4. Part-Time Jobs and New Opportunities. The creation of work for older persons is a cooperative venture of government, private industry, social welfare agencies, and, of most importance, the individual himself. America has just begun to take advantage of the work opportunities that exist for older people.⁶

In Boston, *Sunset Industries, Inc.*, provides facilities for the creative employment of men and women over 60 years of age. A number of outstanding business and industrial firms in Massachusetts are providing subcontracts to Sunset Industries for production of a small part of their requirements.

⁴ Charles E. Odell, "Counseling and Training," *Earning Opportunities for Older Workers* (Ann Arbor: University of Michigan Press, 1955), pp. 93-94.

⁵ *Ibid.*, p. 96.

⁶ The information included in this section is a résumé of "Adapting Jobs to the Older Worker," *Earning Opportunities for Older Workers*, *op. cit.*, pp. 159-94.

The *Woman's Service Exchange* was organized in April, 1952, in Madison, Wisconsin. It was recognized by the Wisconsin State Vocational and Adult Education Department. Its function has been to provide a focal point where the older woman whose family no longer required her full time could get counsel as to her skills and desires with a view to obtaining part-time employment.

Senior Achievement, Inc., in Chicago is developing a committee of management for Senior Achievement Industries. This organization is of the opinion that many opportunities await older people with initiative and ideas who are willing to join with others to launch small industries and services.

In 1952 *Senior Craftsmen of Oregon* was incorporated to help people over 50 discover a handicraft, develop ideas for salable items, and aid in finding markets. The program, it was hoped, would help both the individual and the community's economy, and results so far indicate that the group is on the right road.

The Horseshoe Gift Shop in Syracuse, New York, has merchandise consigned to it on a 20 per cent commission from villages and cities throughout central New York. Over one-third of the consignees are older people. Aside from selling the merchandise, the shop has been able to guide the consignees in improving their articles as to materials, design, and workmanship.

The Santa Monica Bay Sheltered Workshop is providing employment for older persons on subcontract from local manufacturers. This shop was opened in January, 1952, and during the first year 28 out of 49 persons employed graduated to regular jobs in industry.

The Jewish Vocational Service of Greater Boston is helping to place older people who have the necessary qualifications in a small business of their own by arranging loans without interest.

The Bryant Furniture Company, Inc., of Holly Hill, Florida, manufactures Pilgrim Century reproductions in white pine which are sold directly to the user from a display room on the premises. By specializing in a standard style of furniture the company avoids the high cost and risks incident to creative design; designs are taken from standard reference works. The company has only a limited range of power tools, and retired craftsmen are employed to do the work.

A part-time work program has been started by the *First Wisconsin National Bank* in Milwaukee. In addition to a part-time Saturday crew, special hours have been set up to attract housewives who wish to perform clerical work part-time. Many of these workers are older women who have been given on-the-job training by the bank.

One of the most ambitious projects has been undertaken by *Curt G. Joa, Inc.*, machinery manufacturers, of Sheboygan Falls, Wisconsin, which has opened a plant in Florida to take advantage of the vast source of retired and skilled labor which is available there. The company employs pensioners who are past the ordinary age of retirement. These men work only four hours a day — the rest of their day is free. Joa employs a four-hour morning and four-hour afternoon shift, and maintains one-fourth of their work force as full-time, eight-hour workers to preserve continuity in operations.

Housing

While adequate income is central to the security and happiness of the aged and the aging, housing is another major problem facing the older person. The increasing complexity of modern life has increased the necessity for providing homelike, low-cost housing for aged persons. The difficulties encountered in a three-generation home and the reluctance of healthy individuals to reside in institutions presents the alternative of erecting apartments and houses which will serve the needs of the aged population, particularly aged single or widowed women.

Types of Living Arrangements

A diversity of living arrangements for the older adult is in use. It includes the person's own home, whether he is alone or with his family; the boarding or substitute family home; boarding houses or residential hotels; nursing homes; homes for the aged; temporary shelters; cooperative ventures; infirmaries and hospitals; specially designed apartment and cottage colonies; and special provisions for older people in public housing.

Table 1, prepared by the Bureau of the Census in 1950, shows the percentages for those 65 and over in relation to living arrangements.

Table 1
Household Relationships of Older Persons: 1950

Type of Household and Household Relationships	65 Years and Over (per cent)
Total	100.0
Living in Households	94.3
Own Households	68.9
Married and Living with Spouse	43.9
Living with Relatives Other Than Spouse	10.6
Living Alone or with Non-Relatives	14.4
Not in Own Household	25.3
Living with Relatives	21.1
Living with Non-Relatives	4.2
Living in Quasi-Households	5.7
In Institutions	3.1
Other Quasi-Households	2.6

Source: U. S. Bureau of the Census, 1950 Census of Population, Vol. 4, Part 2, Ch.D., Marital Status, Table I, Special Reports.

Where does the older individual want to live? Although few studies have been completed on the housing preferences of older people, Wilma Donahue⁷ relates some of the results of the limited studies which have been published.

A survey of 50 older families in Manhattan, Kansas, revealed that their first preference was to continue living in their present homes. Poor health did not alter their desire for independent living arrangements. In case of illness they wanted to live in their own homes under the care of a nurse or companion; as a last choice they wanted to live with their children but would want separate quarters in their children's homes.

A study of retired people in St. Petersburg, Florida, indicated that both men and women wish to live in self-owned detached dwellings. The next most preferred arrangement would be to live with another person of the same sex in a single dwelling. In no instance was a choice made of a facility of the roominghouse type with a central dining service. Dissatisfaction with communal types of housing also was apparent in a survey conducted in Grand Rapids, Michigan.

Dissatisfaction with living with relatives is supported by a survey of old age recipients in Los Angeles County. The study reports, "An overwhelming majority of these recipients living with relatives are not particularly happy due to such factors as uncongenial relatives, crowded conditions in the home, and/or annoyances of small children in the home. There has also been some feeling among recipients living with relatives that they are not wanted, that they are in the way, or that they are a burden on their relatives."

Housing Standards for the Aged

What is a suitable dwelling for older persons? Quantitative standards, other than those for any good housing, are difficult to ascertain, but some are considerably more important for the aging who have greater need of an extra margin for comfort and particularly for safety. The following suggestions are standards which should be considered in appraising housing for the aged.

⁷ Wilma Donahue, "Where and How Older People Wish to Live," *Housing The Aging* (Ann Arbor: University of Michigan Press, 1954), pp. 27-28.

Site, Environment, and Location. (1) Preferably away from sources of industrial fumes, dust, and smoke; (2) a neighborhood not exclusively for the aging, but a typical residential area with shops, churches, libraries, recreation, and established health and welfare services; (3) convenient transportation; (4) traffic hazards minimized; (5) minimal topographic grades and level approaches to avoid necessity for steep walks and ramps, stairs, and high ground floors; (6) all utilities and municipal services; and (7) available outdoor areas such as parks.

Construction and Facilities. (1) Ground dwelling unit with handrails at all steps and ramps; (2) elevators, if older people are housed above the second floor; (3) reduction of fire hazards; (4) two exits to the outside, readily available and easy to use; (5) orientation for sunshine, light, ventilation, and a pleasant view; (6) good lighting; (7) heat higher than 70 degrees; (8) location away from excessive noise; (9) elimination of the danger of falls through the use of nonskid materials; (10) house-keeping facilities to facilitate routine tasks and all-electric kitchens; (11) doors wide enough for wheelchairs; and (12) dwelling units compact enough for one- or two-person occupancy.

Housing comprising these elements is both satisfactory and desirable. The next 25 years will in all probability see the development of not only housing for the aged but also housing which is indicative of the desires of these individuals. The "humanizing" of housing (in all age brackets of the population) is something all too rare in modern planning and architecture. It seems reasonable to believe that more planners will in the future recognize the beauty, intimacy, and economy of variation in housing design for the aged. This element has already been recognized by far-seeing planners who refuse to be hemmed in by conventionality and instead have utilized elements — natural topography, cottage and small home developments, more attractive low-rise apartment buildings — suitable to living. Cities which are considering developments for the aged should keep in mind the factors which have characterized the developments in Orange Gardens, a retirement village in Kissimmee, Florida; the San Antonio project for elderly Negroes; and the Gus Trau Pavilion of Douglas Gardens, a nonprofit home for the aged in Dade County, Florida. Figure 1 shows the motel-like design utilized in some of San Antonio's housing for oldsters.

Housing Programs for the Aged

In the past 15 years the United States has made great strides toward alleviating a basic and human problem. Action has been taken at all levels of government, but the total impact has been slight. Only a small number of cities have taken advantage of state and federal aid for construction of housing for the aged. Priorities have been given to more immediate and more politically potent projects. But some communities, particularly those with a large number of aged persons in the population, are achieving citizen approval for housing projects, many of which are desperately needed.



Source: Housing Authority, San Antonio, Texas. T. B. Thompson, architect.

Figure 1 — Housing for the Aged in San Antonio, Texas

Housing for the aged is more than just a subject for discussion, it is an area for action. The federal government, states, cities, private industry, and private organizations have become aware of the special needs of the over-65 group. The vast strides made in this direction of independent living on the part of aged persons is in no little part due to the far-seeing persons who have worked to provide "homes," not just "places to live" for those over 65. The following is not intended as an exhaustive listing of all of the activity in the area of housing. It is designed to show the variety of accommodations possible and the diverse ways of financing these accommodations.

Housing in Foreign Countries.⁸ Housing projects for the aged in foreign countries have been financed by both private and governmental subsidies. Facilities are characterized by low cost, lack of luxuries but presence of necessary facilities, and, in some cases, development of homelike cottages rather than institutional apartments. The most significant characteristic, however, is the vast amount of governmentally subsidized programs.

1. Australia. The distinguishing characteristic of the Australian programs for the aged is the use of the cottage as distinct from the institution. These projects have been organized both publicly and privately. The city council of Toowoomba has provided 22 apartments for pensioners at 84 cents a week rent. Similar developments have been fostered by the Victoria Housing Commission which has made 142 houses for the aged available, and Queensland which has, in cooperation with the province, pioneered in housing developments for the elderly with the main emphasis on incorporating the public housing projects as special units for the elderly.

Private charitable housing projects for the aged in Australia also use individual cottages. A rent-free colony of 125 cottages, equipped with cooking facilities and furnished by the tenants themselves, is available at Fitzroy, Victoria. Medical facilities are provided free of charge.

Similar developments have been built in the Garden Settlement for the Aged at Cherside, Queensland, conducted by the Methodist Church, and the Silver Chain Cottage Homes at Perth, in western Australia.

Religious groups in Australia have also taken an active interest in providing both rent-free and low-rent housing for the aged. Some of these, like the Miller Homes Trust, are aimed specifically at the aged widowed female.

2. Denmark. Denmark for many years has provided pensions for its aged population, but, as in the United States, the housing which these pensioners could afford was often antiquated and inadequate. In an effort to combat this situation Denmark in 1937 began subsidizing housing and providing inexpensive apartments for the aged. By 1948, there were 9,573 such state subsidies, including approximately 2,400 municipal apartments for the aged. It is reported that two types of apartments are provided -- one-room apartments with kitchens for the single or widowed, and two-room apartments for elderly married couples. Rent takes about 15 per cent of the monthly pension.

3. Sweden. An excellent example of the type of housing developed primarily for the aged in Sweden is found in Uppsala, a university city in southeastern Sweden. The project, located in close proximity to an existing home for the aged, has 104 units in two-story buildings, each of which fronts on a sunny court. The entire development is surrounded by a park and has a common water system and kitchen facilities with the home for the aged. Apartments are provided for both single persons and married couples. Each apartment is equipped with a kitchenette, a basement storeroom, and access to joint storage, hobby, and laundry rooms.

4. Holland. Holland, like many other European countries, has emphasized subsidies and loans up to 100 per cent of construction cost for private industry which builds housing for the aged. These are low-cost units developed as sections of larger projects. It has been strongly felt in the Netherlands that housing for the aged should not be completely segregated from the rest of the population.

5. Switzerland. Like Holland, Switzerland grants federal subsidies up to 100 per cent of construction cost to private groups offering low-rent housing for the aged.

Switzerland has a unique pattern of old-age homes developed by the nation-wide Foundation, "Pro Senectute." This group raises 1,000,000 Swiss francs (about \$230,000) a year by donation and

⁸This section is based on data from "For the Aged," *Journal of Housing*, October, 1958, pp. 306-314.

sale of postcards and receives a three million franc (about \$700,000) a year government subsidy, plus 50,000 to 100,000 francs from local governments to run old-age homes.

In Zurich the city has financed a 200-unit housing development undertaken in two stages, the last completed in 1954. Rents for one and two-bedroom apartments range from the equivalent of \$15 to \$21 per month, with an additional charge of \$6 each month for services such as heating, laundry, water, and cleaning.

6. England. National subsidies are available to local authorities and nonprofit agencies for housing the aged; since 1938 approximately 30,000 dwellings have been built exclusively for the aged. One private group under the direction of the Ministry of Housing also has developed a plan of buying up old houses and refurbishing them to provide apartments rented unfurnished to persons over 60 who are in need of housing help.

7. Canada. The city of Windsor, Ontario, has a program to provide housing at low rentals for senior citizens. Two separate developments have already been completed, and a third, for single persons, will get under way in 1960. Rentals are \$40 per month for couples and \$30.90 per month for single persons. The rent includes water, heat, and electricity.

These units were financed by Central Mortgage and Housing Corporation on a 50-year mortgage, with the city of Windsor contributing 10 per cent of the capital cost and the province of Ontario providing a grant of \$500 for each unit.

Housing Development in the United States. Housing construction in the United States reflects a combination of financial factors: the federal government FHA program; state construction programs; local financing in conjunction with the foregoing; and private investment.

1. Federal Government.⁹ The federal government, through the Housing and Home Finance Agency, has developed a three-point program to provide more adequate housing for the aged.

(1) Facilitating the purchase of single-family homes by making it possible for friends or relatives to make the down payment on a house being purchased by a person 60 years of age or older and still have the mortgage eligible for FHA mortgage insurance. It is also possible, under certain conditions, for a third party to cosign the mortgage.

(2) Aids for private rental housing. As a result of 1956 amendments nonprofit sponsors found it easier to finance the construction or rehabilitation of rental accommodations for the aging, and financing aids have been broadened by the Housing Act of 1959.

The Housing Act of 1959 also made insurance available for mortgages on housing for the elderly built by profit-motivated organizations.

A new program of direct loans by the Housing and Home Finance Administrator for rental housing for the elderly is authorized by the Housing Act of 1959. Eligible borrowers are private, nonprofit corporations; loans may equal up to 98 per cent of the total development cost.

The Housing Act of 1959 also authorizes a new program of FHA mortgage insurance for privately-owned nursing homes. An insurance mortgage cannot exceed \$12,500,000 or 75 per cent of the estimated value of the property.

(3) Public housing for low-income elderly persons. Since August, 1956, it has been possible for single elderly persons of low income to be admitted to low-rent public housing projects.

2. State Governments.¹⁰ Three states are of particular significance in providing housing aid to the elderly: Massachusetts, New York, and Connecticut.

The situation in these three states is similar. Each has a housing authority or division responsible for coordination of work on the state level. Before a project is started, this agency approves the loan application, site, construction plans, specifications, and the management plan. During construction, housing division engineers see that the homes are properly constructed and that the management is financially sound.

⁹ Federal Council on Aging, *op. cit.*, pp. 59-62.

¹⁰ Journal of Housing, *op. cit.*, pp. 315-21.

Connecticut has developed both middle- and low-income housing for the aged. Under the middle-income¹¹ rental program the state borrows money through short-term notes, then lends its credit to local housing authorities which use the money for construction of rental homes. When the apartments are occupied, rents are used to repay the state loan, with interest, and to cover all costs of operation and administration.

The municipality is not required to donate services or facilities, but it may do so voluntarily. The city may also waive any payment in lieu of taxes or accept an amount smaller than the maximum 10 per cent of shelter rent in order to keep rents down. After they are completed, the homes may be occupied by families and single women over 62 and single men over 65 who fall below a maximum salary limitation. This limit varies from community to community but averages about \$4,000.

The Torrington Housing Authority has gone far in developing housing under state aid in building middle-income housing. Three other authorities — Groton, Danbury, and Norwalk — have also received a reservation for middle-income housing.

Connecticut has also developed a housing program for low-income groups over 65 to be administered by the Connecticut Commission on Services for the Elderly. Under this program, a community would borrow money from the state for construction, which would be repaid over a period of 50 years from rental income. The municipality would furnish without cost all essential services such as sidewalks and sewage connections.

Massachusetts, as early as 1953, enacted legislation to aid in housing the elderly. Although these early laws were declared unconstitutional, subsequent legislation made the state a pioneer in housing for the aged. The present law provides for a guarantee of notes or bonds of local housing authorities up to a total of \$35 million and provides for temporary and long-term financing. The act also provides for a 2.5 per cent state subsidy, based upon the construction cost, which makes it possible to let units to elderly people at rents they can afford. The city or town is required to contribute nothing but may, if it wishes, donate the land.

New York like Connecticut has a program for both low-income and middle-income aged. Under the middle-income program, the state lends up to 90 per cent of the development cost at the going rate of interest on state bonds for a term of 50 years. An equity of at least 10 per cent must be provided by the rental housing company or cooperative, and the return may not exceed 6 per cent. Partial tax exemption may be granted to limited-profit housing companies up to, but not exceeding, 50 per cent of the completed value of the projects. The monthly rents set for limited-profit housing are about \$20 per room per month. For cooperatives the investment is about \$400 per rental room.

3. Local Financing. Very little has been done to finance housing solely on a local basis. The normal action is to use joint financing with federal or state funds, with the local unit contributing only a minimum amount. Much has been done through this method in the larger cities — New York, Cleveland, Chicago, and Detroit.

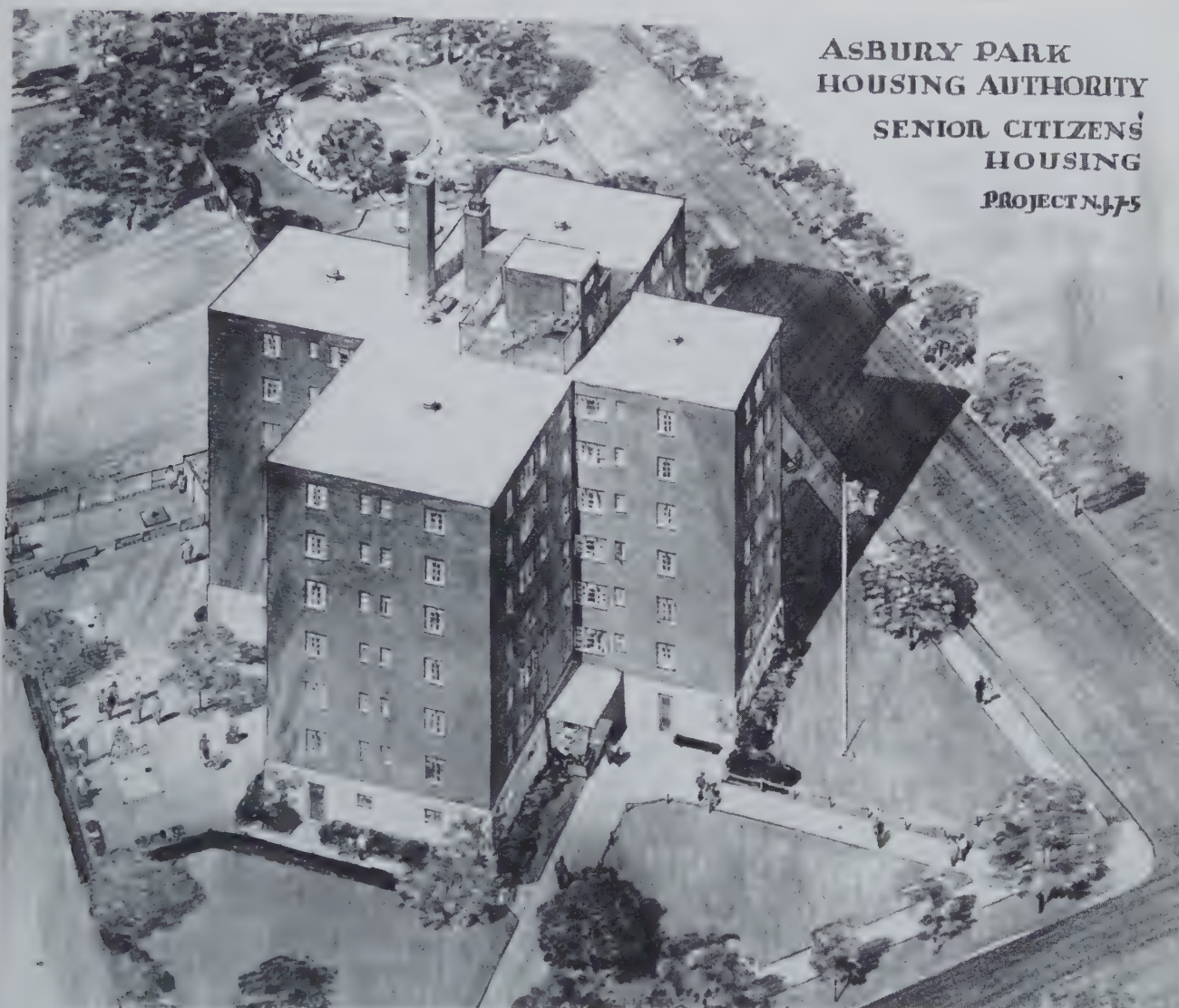
4. Private Initiative. Private groups — religious, philanthropic, and unions — have done much to alleviate the acute housing shortage for the aged individual. The housing has taken many forms: cooperatives, family residences, retirement villages, and hotel conversions. Some of the developments are described below.

Types of Housing

Public Housing. Public housing has been financed on a cooperative basis by federal, state, and local units. With a few notable exceptions, public housing has most actively been promoted by the larger cities.

1. Asbury Park, New Jersey. A seven-story apartment house restricted to tenants more than 65 years old of limited means was opened in September, 1959. The arrangement called for the Public Housing Administration to guarantee long-term bonds issued by the municipality for the construction and to provide subsidies so rents could be kept low. Fifty units are provided at a rent of \$35 to

¹¹ The term "middle income" is misleading because all such housing has income ceilings for eligible occupants. These ceilings of course are higher than the ceilings for "low-income" housing.



Source: Asbury Park Housing Authority. Barnett D. Singer, architect.

Figure 2 — Senior Citizens' Housing, Asbury Park, New Jersey.

\$45 per month. The building has a ground-floor lounge and a laundry and is within walking distance of a shopping area and churches (see Figure 2).

2. Chicago. Prairie Courts is a 48-unit elevator building with 36 one-bedroom units occupied by older people. The remaining units have two bedrooms and are occupied by younger families. The Julia Lathrop Homes also are serving the needs of Chicago's senior citizens.

3. Syracuse. The Syracuse Housing Authority set aside two seven-story buildings in James Geddes Homes for exclusive occupancy by aged couples. These buildings have automatic elevators and a central recreation room.

4. Cleveland. A 14-story elevator building and an accompanying group of row houses form part of the Metropolitan Housing Authority's Cedar Apartment Extension. Of the 152 housing units thus provided, 104 are one-bedroom units for older persons, and 48 are two-bedroom units for young couples with children. The one-bedroom units can be converted so that two older people can live together each having a private living room and bedroom while sharing a kitchen. This is to provide housing for survivors in case of the death of the spouse.

The housing authority provides the building and some of the furnishings. Separate funds have

been raised for operating expenses, equipment, and furnishings. Some help was received from private foundations. Provision has been made for the Community Chest to finance the continuing operating program. Public Housing along these same lines is also being provided in New York, Memphis, Providence, and St. Louis.

5. San Antonio, Texas. San Antonio, with the aid of the federal government, has designed two new housing developments. One is an apartment building of 185 units for the elderly with one and two bedrooms. The building is adjacent to an 800-unit building for younger age groups. The project also houses an auditorium, craft room, counseling offices, library, clinic, and demonstration areas for the use of the general public.

The apartments are equipped with most of the safety factors listed earlier and have the unusual feature of space flexibility. The apartments can be connected into one big room or separated into private areas. A small laundry is provided on each floor, and each apartment has cross ventilation.

A second housing development for senior citizens, consisting of 36 one-story, cottage-motel units, is complete and occupied. A community center has also been provided.

Partially Subsidized Housing. This kind of housing is difficult to define. Many projects described offer services in addition to housing. Tompkins Square Apartment House in New York City was erected in 1929 through a gift and is operated by the Community Service Society of New York on a nonprofit basis. It is an elevator apartment house for elderly men, women, and couples of limited income who are physically able to care for themselves and participate in community life. There are 44 single rooms and eight two-bedroom apartments with kitchens. The building includes a nonprofit cafeteria which each resident is required to patronize to the extent of \$15 per month to insure its operation, a living room and lobby on the ground floor, a roof garden, and a fully equipped laundry.

The neighborhood provides access to churches, libraries, parks, and shopping facilities. The rental figures are such that recipients of old age assistance may live there comfortably. Although the building was originally provided free of cost and is tax exempt, the operation requires a subsidy from the Society. A study is now being conducted to determine how much must be added to the actual housing cost to cover the cost of services.

Similar projects have been developed at Cobbs Hill Village, Rochester, New York, and at the Senior Center, Santa Barbara, California.

Cooperatives. Cooperatives have been developed on a limited scale for aged persons. Some of the better known ventures have been developed in Washington County, Iowa; Windom, Minnesota; Denver, Colorado; and Omaha, Nebraska. One of the most significant cooperatively owned apartment houses is the Ida B. Culver House in Seattle, Washington.

In 1928 a small group of teachers, under the leadership of Ida Culver, formed a Seattle Educational Auxiliary to provide a home for teachers after retirement at age 60. When Miss Culver died in 1937, she left the bulk of her estate to the association. More than 12 years later the building was erected. To finance the house 36 teachers paid for lifetime leases on apartments. A room with private bath costs \$3,750; with shared bath, \$3,000; each person pays a specified sum a month to cover food and building maintenance. Residents hold monthly meetings to determine policies. Facilities are available for overnight guests. Only persons who have worked for some time in the Seattle schools are eligible, and there is a long waiting list.

Other Experiments. This category contains a wide variety of housing types: family residences, trailer parks, retirement villages, and hotel conversions.

1. Family Residences. An experiment with a small group of nine residences averaging over 70 years of age is under way in San Francisco. Opened in August, 1954, the project is sponsored by the Jewish Family Agency which bought a two-family house and converted it into a residence for older people. Residents pay from \$60 to \$85 a month. This covers all costs, including food, housekeeper's salary, utilities, repairs, maintenance, and mortgage payments. Residents eat the evening meal together but prepare their own breakfast and lunches.

2. Trailer Park. In Bradenton, Florida, a trailer park was established in 1936 and is now the oldest and largest trailer park in the state. The park has 1,093 spaces occupied by persons who are

at least partially retired; one of the requirements is that no resident may be employed in Manatee and adjacent counties. The outstanding characteristic of the community is extensive participation of residents in a well-developed and diversified program of activities.

3. Retirement Villages. The typical retirement town is a planned community of 500 to 1,000 housing units providing living accommodations for retired people. In their simplest forms, these are real estate developments of small individual houses designed for sale with a small down payment and monthly payments within retirement income. The brochure of a typical development offers a two-bedroom home with carport for about \$7,000, a down payment of \$295, and monthly payments of \$55. Some communities like this make provision for grocery stores, drug stores, laundromats, and so on.

Moosehaven founded in 1922 on the St. Johns River at Orange Park, Florida, is a community for 374 elderly people. The land totals 158 acres, includes river frontage, a dairy farm, residences for 12 to 58 persons, and hospital and convalescent units, giving the community an ideal physical setting. The community is financed by 1,600 member clubs of the Loyal Order of the Moose. A special feature is a Gerontological Research Laboratory. In addition to research, the laboratory staff serves residents through various diagnostic tests and counseling services.

In the state of Washington a corporation bought a deserted logging community of 400 dwelling units and converted it into a community for retired people with monthly incomes of \$130 to \$250. Prices for four-, five-, and six-room houses range from \$2,500 to \$3,500, with a down payment of \$200 to \$300 and a monthly charge of \$20 to \$30.

Salhaven, a project of the Upholsterers International Union, is located at Jupiter, Palm Beach County, Florida. Here, on a 616-acre tract bordering the Intercoastal Waterway, a complete community is being developed for 750 homes, a hospital, and administration and shopping facilities. The initial construction, in which the Union is expected to invest about \$1,000,000, will include an administration building, auditorium, convalescent center, 20 to 25 cottages, lodges for single residents, workshop, library and social center, restaurant, community facilities, water and sewage treatment plants, and fire, police, and ambulance service. The central buildings will be linked by covered walkways and grouped around the lake which is being dredged on the property.

In the first phase of the project, scheduled for completion within five years and expected to represent an investment of \$6,000,000, there will be 240 additional cottages for workers and their families and additional dormitories or lodges for single members of the Union.

Headed by an architect, Rufus Nims, the planners of Salhaven have listed three basic needs which the village must satisfy — sympathetic surroundings, stimulating activities, and adequate medical care. The first need will be met by a community which is primarily residential and noninstitutional in character. The second need will be met by an activities program which will seek out and encourage the interests and abilities of the residents. And the third need will be met by a medical program providing for the prevention and treatment of the more common disabling infirmities.

Housing facilities at Salhaven will include a variety of types and sizes. For couples or similar groups there will be cottages of one, two and three bedrooms. For single and widowed persons there will be lodges containing a central lounge and eight one-room units each provided with a bath.

The entire project at Salhaven is financed by the health and welfare fund of the Upholsterers Union and is being administered jointly by union and management representatives. In order to eliminate the problem of property disposition upon the death of a resident, no homes will be sold. If the experiment at Salhaven proves successful it is anticipated that other organizations may undertake similar projects for their retired members.

Orange Gardens, a retirement village located in Kissimmee, Florida, probably is the first community in the country to have been planned completely for retired people. The houses in Orange Gardens range from \$7,200 to \$10,000 while lots sell at \$1,650 to \$2,150. Financing is conventional, with a one-third down payment and the balance on a 10 to 18-year mortgage. FHA financing is available and is being used increasingly by the purchasers. If a spouse dies and the survivor elects to sell the property, the developer plans to buy the house back at a fair price.

The basic structure contains 600 square feet of floor space plus utility space, screened porch, and carport. The interior is designed so that the movable storage units which define the rooms may be shifted at will to meet changing needs. In the bedroom section, for example, movable storage walls may be arranged so as to provide a single room 11 by 20 feet, or two rooms each 9 by 11 feet, or one smaller room and one larger room. Storage space in the house totals 350 cubic feet, an unusually large amount for a building of this size. Kitchen and living space form a single unit of 250 square feet which can be divided by an accordion-type wood screen extending from floor to ceiling. Separating the living area from the sleeping area is the bathroom, the only room in the house defined by permanent partitions. Among the features provided for safety and convenience of the occupants are a door wide enough for a wheel chair, several strategically placed grab bars, towel racks sufficiently strong to support the weight of a person, and strips of carborundum tape on the bottom of the tub beneath the shower.

4. Hotel Conversions. The old Detroit Hotel in downtown Detroit was renamed Carmel Hall and remodeled into housing for the aged under sponsorship of the Catholic Church. It is enormously popular owing largely to its downtown location close to social activity and public transportation. Rent and board begin at \$125 per month. The ground floor remodeling includes a wall terrace partly covered by the overhang of the chapel above it. The coffee shop is a snack facility of a type much used and appreciated by elderly people wherever it is included in housing.

Medical Needs

The health needs of the aged are numerous and complex, in many respects different from those of younger people. They are greater because of a higher frequency of physical and mental illness, longer duration of illness, and the substantially larger number and proportion of cases of partial permanent disability and invalidism. These health conditions pose the most serious problem to financing a satisfactory medical insurance program.

The aged as a group spend more on personal health service than younger age groups, and they must do so at the very time when income from gainful employment has ceased or become smaller. The most important information on private expenditures comes from studies conducted under the auspices of the Health Information Foundation. From July 1, 1952, to June 30, 1953, the charges incurred by senior citizens exceeded those of the general population by 57 per cent.

What actions have been taken to make medical care available to older persons?

Voluntary Health Insurance

This insurance is written in many forms and by various types of insurers including insurance companies, nonprofit service plans like Blue Cross and Blue Shield, group medical practice plans operating on a prepayment basis, plans that are self-administered by employers or labor unions, community plans, and rural and consumer health cooperatives. Coverage is provided on an individual, family, association, and group basis. Each type of insurer has its distinctive approach, providing the buyer of insurance the opportunity to choose the kind of plan best suited to his needs and ability to pay.

Of the 80 Blue Cross hospitalization plans throughout the nation, 38 offer insurance for non-group enrollees over 65. For Blue Shield, 32 of the 66 plans enroll persons over 65. More than 60 insurance companies now take old-age subscribers. The Continental Casualty Company, which started a special health insurance plan for the aged in 1957 is now offering it in every state but Georgia and North Carolina. Mutual of Omaha is selling a similar plan in 45 states.

Federal Government

Activities fall into three major categories: financing of services, both direct and indirect; provision of facilities; and research.

Direct service by the Veterans Administration accounts for the major portion of medical service funds and federal personnel. More than 100,000 doctors, nurses, technicians, and others staff veterans' hospitals, a steadily increasing portion of whom are facing health problems of older people.

Both direct and indirect services are provided through various agencies of the Department of Health, Education, and Welfare. The Public Health Service, as the principal health agency of the federal government, is concerned with all age groups, with special attention to the important and growing segment of population comprised of older people. The Public Health Service program of direct services to patients covers relatively small groups of population. The primary emphasis is on indirect services provided through assistance to states in the conduct of their state and local public health programs. These have a significant impact on the entire aging population. This is accomplished by grants-in-aid, technical assistance, stimulation of professional training, and educational and informational activities.

The Food and Drug Administration, the Office of Vocational Rehabilitation, and the hospital grant-in-aid programs of the Public Health Service are other means to facilitate programs for the aged.

State and Local Governments

Two areas of medical need may be serviced by local government: (1) public welfare services to provide better living arrangements; and (2) institutional maintenance. Both of these aid in the development and maintenance of high health and medical standards for the aged. Some of the things which can be provided by both public and voluntary welfare agencies are: volunteer visitors to aid the lonely and needy aged; meals on wheels for those unable to care for themselves; counseling services; help in placement in a nursing or boarding home, or in family care; and casework services.

Local governments have been most notable in their efforts to build and maintain hospitals, including mental institutions; and to establish acceptable standards for nursing homes, professional personnel, and program activities. Some large cities have public health programs which provide a wide range of active services, some of which are applicable to the aged person.

Rehabilitation services are provided on a smaller scale. An example of an outstanding development is the Hartford (Connecticut) Rehabilitation Center, a voluntary agency located in the Harriet Ingersoll Jones Home, a public institution. A sound working relationship has been effected between a voluntary and a public agency and between the Center and other health and social agencies.

Some local governments have been active in providing hospital facilities and old-age homes. The John J. Kane Hospital serving Allegheny County (Pittsburgh), Pennsylvania, is experimenting with foster care for patients no longer requiring full-scale hospitalization. This step was taken in the 2,086-bed hospital to increase patient turnover and reduce the per-patient cost of institutional care. The hospital largely treats the physically infirmed, and many are elderly persons. The Pennsylvania Legislature passed laws permitting Allegheny County to make supplemental payments to persons over 65 under the old-age assistance program and for other persons eligible under the general assistance program. Depending on grants for each person, the county provides funds necessary to total \$125 per month to pay for foster home care.

It is estimated the program will cost \$100,000 during the first year but probably will rise in a decade to about \$500,000 per year. The program is managed by the Allegheny County Institution District which inspects and certifies foster homes after they meet specified standards. A discharge planning committee screens all hospital patients who are eligible for discharge but still require care in foster homes.

Universities

One of the most significant developments of the past 15 years has been in the organization of units to develop and coordinate research in geriatrics. Several of the more significant programs are described here.

University of California, Berkeley. Since 1950 the Institute of Industrial Relations has been engaged in studies of aging in an industrial society. The Institute has published seven major studies of problems of the aged concentrating mainly on collective bargaining, wages and wage structures, the labor market, and economic security programs. Three other books are presently in preparation.

University of Michigan. For the past 15 years the Division of Gerontology of the Institute for

Human Adjustment has conducted research projects under the direction of Dr. Wilma Donahue. The Division has conducted its projects in cooperation with several other divisions of the university: the medical school, school of social work, extension service, and school of business administration. The types of research have been physical and social rehabilitation of aged patients of public hospitals; socialization studies of residents of old-age homes; social therapy with the senile aged; and socialization studies of institutionalized old people.

Columbia University. The Institute of Psychological Research of Teachers College has conducted numerous studies, some dating back to 1925: learning of adults; adult interests; attitudes and values; adult health inventory; and stereotypes about the aging.

Cornell University. Research in gerontology has been coordinated at Cornell under the Social Science Research Center and the Department of Sociology and Anthropology. Four major studies have been undertaken. The Study of Occupational Retirement, directed by the Department of Sociology, has studied the effects of retirement on health, economic status, and personal adjustment. The study has been supported by grants from the Rockefeller Foundation, and Lilly Endowment, Inc., of Indianapolis. The last two phases of the study have focused on retirement and family relations and have been supported by the National Institute of Mental Health.

Two other studies — housing needs of the aged, and retirement and preretirement practices of business firms — are presently being conducted. A fourth major area of research is in nutrition among the aged.

University of Florida. The Institute of Gerontology, founded in 1951, holds annual conferences on gerontology, publishes reports, issues a quarterly newsletter, and conducts studies. Research on aging in the Institute and other parts of the university has included studies of demography, nutrition, housing design, retirement farming, economics of retirement, and retired persons in the community. The Institute also is a participant in the Inter-University Training Project in Social Gerontology.

Role of the Federal Government

Proper organization of payment for health service to senior citizens is of direct national interest. The problem exists in every part of the country, is vast, and affects every citizen. It is probably too big to be solved without constructive participation by the federal government.

Sufficient funds must be raised systematically for two purposes: (1) construction, equipment, and improvement of all types of necessary physical facilities, especially chronic disease units, for active treatment and institutions for long-term care; and (2) operation of adequate programs of personal health service. Every effort must be made to make sure that physical facilities of high standard are available in sufficient number and reasonable geographic distribution; that the largest possible number of people can meet the cost of service in a fair, equitable, and practicable manner; and that professional persons, hospitals, and institutions receive reasonable financial support. A satisfactory program of action can be formulated by applying the time-tested principles of partnership among federal, state, and local governments and of systematic cooperation between public agencies and private organizations.

Three methods have been suggested by which the federal government could effectively contribute to providing initial and continued enrollment of more aged persons in insurance plans and broader benefits for longer periods of time: (1) substantial grants-in-aid to the states for subsidizing approved voluntary plans to foster extension both of insurance and benefits without the premium rates rising to a prohibitive level; (2) expansion of medical care through public assistance to help persons who cannot meet the full costs of needed health services; and (3) a payroll tax.

The idea of financing health services for senior citizens through the mechanism of OASI has attracted renewed attention lately. It has clearly definable advantages and potential disadvantages.

As nine out of 10 gainfully employed persons are already covered and the contributions toward the cost of the present benefits are regularly collected by OASI, most of the future senior citizens and their survivors could easily acquire paid-up insurance for health service as well as for income maintenance. They would qualify for health services through regular prepayments during the working

years and be eligible for them regardless of place of residence. To future senior citizens this would mean protection through organized self-help. To physicians in private practice and the voluntary hospitals and institutions for long-term care the advantages would lie in the certainty of payment for services rendered to senior citizens, with decrease in the amount of free service and less time and money spent on collection of charges. There would be a marked reduction in the expenditure of general tax funds for the medical care of senior citizens.

Inclusion of health benefits in OASI would be of limited value if the pattern of benefits set by most voluntary plans were followed by giving priority to hospital care and surgical service, and it would be open to serious question if the emphasis were placed on payment of medical bills rather than on maintenance of high standards of service. These dangers can be avoided, though.

Recreation

One of the major problems of the elderly person is having too much time on his hands. For many the normal forms of recreation are far too expensive to be fitted into a tight retirement budget. Public recreation for the aged (and, in fact, for all age groups) has been almost exclusively the work of municipalities and private, nonprofit agencies. The federal and state governments provide little in recreation programs, services, and facilities specifically for the aged.

Local Programs

Local agencies, often city recreation departments, provide the bulk of the recreational services for the aged. In small communities the recreation center or the adult social center can coordinate the programs which are available at a lower cost than would be necessary on an individual basis (see Figure 3). In larger cities, municipalities can supplement private group facilities with many geographically distributed centers of activity. Better use of existing facilities, increased counseling services, trained staff, and increased publicity all are factors which can help the aged find satisfying friendships and leisure-time activities within their income. One factor — increased publicity for existing programs — is vital since many cities and groups have found that elderly people frequently do not know where and how they can obtain these services.



Source: *Western City*, August, 1959, p. 22.

Figure 3 — Senior Citizen Centers in California

(top left, Santa Cruz; top right, Burbank; bottom left, Santa Monica; bottom right, Alameda)

The following are examples of specific local programs for the aged.

Phoenix, Arizona. Recreational facilities are centered about the Phoenix Adult Center, operated by the parks and recreation department six days a week. Activities at the center include cards, checkers, chess, dominoes, and many other table games, as well as reading, jigsaw puzzles, discussion groups, music activities, singing, arts and crafts, and social activities. In addition to several comfortable lounges, the center has a small meeting room for small groups to get together for pot luck lunches, to share slides or movies, or to find counseling from a recreation leader or some expert from the community; a kitchen for minor food preparation; and several vending machines. Center staff consists of one career recreation leader, one part-time recreation leader, two arts and crafts specialists, one custodian, and one gardener.

Long Beach, California. The Long Beach Recreation Department offers a diversified recreation program for its aged citizens: card clubs, chess and checker clubs, community singing and dancing, Golden Tours Club, horseshoe club, flycasting and lawn-bowling clubs, roque clubs, a civic chorus, and the University-by-the-Sea. Of particular interest is the Golden Tours Club which was organized in January, 1958, to provide a program of field trips to local and out-of-town points of interest. Some of the trips made during 1959 included a trip to Proctor and Gamble and Pierpoint Landing, the Kaiser Steel Mills at Fontana, Griffith Park Planetarium, the Arabian Horse Farm at Pomona, and the Los Angeles Museum. The University-by-the-Sea is a discussion group, which has its own officers. Facilities are outdoors on the beach and consist of a rostrum with many benches. A committee of the members helps plan each day's agenda.

Gardena, California. Gardena has two active clubs for the 60-and-above age group. One is the Happiness Club, sponsored by the city's recreation and parks department; the other is the Friendship Club, a privately sponsored organization. The Happiness Club has an active membership of approximately 130 persons. They meet weekly at the Gardena Community Center for business meetings, election of officers, special events, parties, luncheons, and general recreational activities. The members enjoy frequent visits to various points of interest, such as Disneyland, Marineland, and Knott's Berry Farm, and special shows, such as their recent trip to see the film *Around the World in 80 Days*.

Each year Gardena, in cooperation with other cities throughout California, proclaims a Senior Citizens Week, calling citizens' attention to the many events scheduled throughout the country during that period.

Hartford, Connecticut. A handful of agencies in Greater Hartford have organized recreational and educational opportunities for elderly persons. These agencies are largely churches and settlement houses. There are eight of these clubs which meet one afternoon a week, one that meets twice a week, and another that meets every other week. A range of activities open to older persons are conducted by social, educational, and religious agencies and organizations. The YMCA, YWCA, and Council of Catholic Women conduct classes, courses, clubs, entertainment, and other activities for adults. The Jewish Community Center has activities for adults in general as well as special clubs for the elderly.

Pasadena, California. Now under construction in Pasadena is a new Senior Citizen Building located in Memorial Park providing about 5,071 square feet of floor space and costing an estimated \$115,000. The plans for this structure call for a social hall, work areas for arts and crafts, conference rooms, lounge, office space, and kitchen facilities.

Another bond project was a building completed in Jefferson Park which is utilized primarily by senior citizens interested in shuffleboard. This structure, costing about \$27,000, includes meeting areas with kitchen facilities, furnishings, lighting, and awnings. More than 200 citizens belong to the group who use these accommodations. Bond funds totaling \$26,000 also were used to build a club house and casting pool for citizens interested in practicing their casting.

Sacramento, California. In developing a master recreation plan in Sacramento, a citizens' committee urged the early planning of a center to house those types of activities best suited for the elderly citizens. While no action has been taken on such planning, the recreation and park department has developed a number of facilities and programs throughout the city that are continually

growing. These include folk and square dancing classes, craft classes, hobby clubs, and sewing clubs supervised daily by department staff, and such facilities as small clubrooms located in "parks for men only"; checker and chess tables grouped in a downtown park under the trees; bocce courts located in an area of the city where this Italian game is popular; horseshoe courts in various parks; and a garden and allied arts center where garden and flower clubs, camera clubs, creative arts activities, and many other special interest groups meet every day.

In 1958 a full-time supervisor was assigned to this senior citizens' program. Through this supervision, leadership, and professional guidance, a city-wide committee of aging was formed to work with and advise the department on programs. An annual senior citizens' hobby show and an annual picnic have become most popular events.

Stockton, California. In 1956 a special committee on aging of the Stockton Community Youth and Welfare Council showed that the senior citizens exchanged one group of problems for another when they retired. A club where they could meet and direct their gifts and add purpose to their new leisure time was found to be necessary. The following year the Stockton Junior Aid donated \$30,000 toward the building of a senior citizens' club house; the response to this gesture was tremendous.

People of every occupation and income level contributed to the fund. In all, over \$50,000 in cash was raised in less than two years. In addition, the building industry has pledged \$20,000 worth of materials, and building trade union members have pledged an equal amount in labor and skill. Paralleling the collection of the funds, the plans for the new center were drawn. The city government donated land in the center of a park.

Ground-breaking was held for the new Senior Citizens Center on June 30, 1959, and it is now ready for use. It consists of a 250-seat assembly room, a service kitchen, lounge, office space, two counseling rooms, an entertainment room where members can greet guests privately, and six hobby and art areas equipped for everything from ceramics to crocheting. The center will be open every day of the year.

During the entire course of the Senior Citizens Club, the city government has assisted the members with recreational facilities, and supervisors and will continue to do so, including maintenance and repair service, when the new center is completed. The new center represents a \$90,000 asset to the city in terms of dollars and cents saved the taxpayers.

Richmond, California. Senior citizen facilities in Richmond are in the process of expansion. The city-financed group will have new quarters in 1960 with the completion of a community center which will include a new fire station, branch library, and activities hall. The hall will have a kitchen, stage, storage room, and an outdoor patio area where, in good weather, users may play shuffleboard, hold barbecues, and participate in other activities.

Some of the more popular current group activities include singing, dancing, television, table games (pool, chess, checkers), and special programs. The group which meets Friday evenings has established its get-togethers on the following basis: guest night, first Friday of each month; birth-day night, second Friday; potluck dinner, third Friday; business meeting, fourth Friday.

A private group, the Committee on Aging of the West Contra Costa Community Welfare Council, is presently investigating the costs of a "Senior Citizens' Downtown Drop-In Center." This facility would be located in a park in the central business district and would be constructed from contributions by citizens and business organizations. It would offer lounge facilities, reading rooms, a meeting area, outdoor relaxation areas, and probably a snack bar.

San Pablo, California. The San Pablo Recreation Department ran a craft class for the senior citizen for many years before actual organization of a Senior Citizens' Club in April, 1958. Forty seniors attended the first meeting. Some came out of curiosity; others accepted the movement as a fact and took immediate steps to make it a success.

The group now meets twice a week and makes an average of three trips per month. One day a week is for card-playing, hobbies, craft work, and various types of entertainment. The other is an evening meeting where they participate in table games and old-time dancing. Ninety-five per cent of this group dance. Their dances consist of waltzes, foxtrots, and folk dances. It is not uncommon

to have as many as 250 seniors, all over 50 years of age, at a meeting. The eldest is 92 years of age and is one of the more active members.

Minimum monthly dues are charged, and the club is very nearly self-supporting. The main assistance has been in finding meeting places, helping officers with organizational problems, and serving as a liaison between the senior citizens and other active recreation groups. Direct costs to the city have been minimal, less than \$250 per year.

Albuquerque, New Mexico. Four organized senior citizen groups and three unorganized groups meet for community services in Albuquerque. There is a staff for each organized group who plans with the senior citizen groups for a wholesome and constructive program.

The organized groups are the Golden Age Club, Senior Citizen Club, Elderberry Club, and the Fifty-Fifty Dance Club. Unorganized but related activities include the Republic Club, sewing group, oil painting, ceramics, other hobby groups, drop-in program with young adults, old-age pensioners group, and the Birthday Club, 50 and above.

Community service activities by aging groups include the following: decorate a Christmas tree and give presents to each patient in rest homes at Christmas; make T Binders for Indian Hospital; make baby quilts for children's ward of Indian Hospital; pay girls and boys fee for camping for five consecutive years; send get-well cards and sympathy cards to own members; make visits to oldsters in hospitals, including tourists who are oldsters; and wrap cancer bandages for hospitals. Each group attempts to be self-supporting except for professional supervision.

The "Old Timers Day" is the climax of the year. For five years the celebration has been held at a community center in Albuquerque with representatives from Clovis, Artesia, Carlsbad, Gallup, Belene, Roswell, Farmington, Aztec, and Albuquerque. Hobbies are displayed, and there is an enjoyable afternoon of getting acquainted, and a speaker with such subjects as "Hobbies," "Happy Living in Later Years," "Social Security," and "How To Get the Most out of Social Security."

Anchorage, Alaska. Anchorage has a \$78,000 recreation and parks budget. Of this, \$15,000 is used solely for children's playgrounds, and all of the remaining appropriation is devoted to programs and facilities for children and adults combined or adults only.

These programs include softball, tennis, swimming, picnicking, skiing, skating, hockey, square dancing, and group meetings. Facilities include a municipal auditorium, ball parks with bleachers, lighted hockey rink, ski tow, and lighted ski area. This program is totally divorced from the facilities and activities of the city library which are used extensively by older members of the community.

Provo, Utah. About six years ago the recreation department organized its Senior Citizens Club, which has grown regularly and operated successfully. While limited in its scope of activities — largely as a result of the facilities available — this club was the pioneer in Utah among publicly sponsored programs for senior citizens. The success of this group in generating and sustaining interest among the elderly citizens of the entire county has probably done as much, if not more, than any other thing to open the way for the organization of senior citizens' programs by other public agencies in Utah.

The present program developed from a former, less successful senior citizens' club organized several years before by the recreation department. The prior program suffered from lack of a suitable meeting place. The donation of a large, old dance hall in the center of Provo provided the regular meeting place that enabled the present program to succeed.

At the time the present program was organized, the recreation department assigned a part-time specialist to work with this group in developing a program according to their desires and resources. The present program consists largely of social dancing. In 1958 the club saw no further need for the services of the part-time leader of the recreation department and asked that he be released. Since that time the club has been functioning as a self-sustaining, self-directed program affiliated with the recreation department.

The club has 200 members throughout Utah County, with people from 50 or more miles away participating in its weekly dancing parties. Membership is \$1 per year, with admission to the dances at 25 cents for members and 50 cents for nonmembers.

A club committee visits the sick, sends cards to convalescing members, and sends flowers to funerals. From time to time groups of people from the club have visited the State Mental Hospital in Provo and the Home for the Aged to entertain the inmates.

Mamaroneck, New York. The Mamaroneck Recreation Department, in cooperation with a group of women known as the Mamaroneck Senior Citizens Volunteer Committee, conduct weekly meetings for the aged under the auspices of the Mamaroneck Senior Citizens Group. Meetings are held weekly from the middle of September to the middle of June; no regular weekly meetings are held during the summer. Meetings are held in the Mamaroneck Public Library every Monday afternoon. This room is located off the street level floor, which also houses a meeting room, a place to hang coats, rest rooms, and a kitchen.

The program consists of showing movies and slides of different states and countries that were taken by various people on vacation trips; talks and lectures pertaining to history, health, and other items of interest to senior citizens; and singing, music, and games. In return, the senior citizens make lap robes for the veterans at the Armed Services Hospital and baby articles for the Westchester County Adoption Service. Any man or woman 60 or over is permitted to attend as a senior citizen; no dues are required.

Greensboro, North Carolina. The Sixty Plus Club is an organization for citizens over 60 years of age sponsored by the Greensboro Parks and Recreation Department in cooperation with the Council of Jewish Women and Junior Women's Club. The club has been organized seven years and meets every week. The club has its own officers, conducts its own business meetings, and enjoys programs of a general recreational nature, including games, crafts, singing, dancing, picnics and outings, holiday celebrations, recognition of members' birthdays, community service projects, and general fellowship periods.

Acknowledgements: Special acknowledgements are given to the following persons who reviewed and commented on the entire manuscript and offered much helpful advice and information: Jay L. Roney, director, and Julia L. Dubin, educational associate, Public Welfare Project on Aging, American Public Welfare Association; David Jeffreys, American Association of Retired Persons; and Sidney Spector, Council of State Governments.

Grateful acknowledgement is made to the following persons who supplied first-hand information for this report: Arthur E. Jones, assistant to the city manager, Albuquerque, New Mexico; Paul A. Rowley, administrative officer, Gardena, California; C. E. Perkins, city manager, Glendale, California; Samuel E. Vickers, city manager, Long Beach, California; Marshall W. Julian, administrative officer, San Fernando, California; Ray W. Wilson, city manager, Phoenix, Arizona; Carleton F. Sharpe, city manager, Hartford, Connecticut; Stan Kennedy, city manager, Dalhart, Texas; Howard B. Stewart, director, Pennsylvania Economy League, Inc.; Dwight S. Sargent, personnel director, Consolidated Edison Company of New York, Inc.; John E. Dever, city manager, Decatur, Illinois; E. Royden Colter, city manager, Windsor, Ontario, Canada; Wellborn R. Ellis, administrator, Fulton County (Georgia) Department of Public Welfare; and William H. Johnson, village manager, Mamaroneck, New York; Wayne E. Thompson, co-director, Study of Occupational Retirement, Department of Sociology, Cornell University; Carter C. Osterbind, chairman, Council for the Institute of Gerontology, University of Florida; Irving Lorge, Institute of Psychological Research, Teachers College, Columbia University; Wilma Donahue, Division of Gerontology, University of Michigan; and Margaret S. Gordon, associate director, Institute of Industrial Relations, University of California.

Note: This report was prepared by Eleanor A. Schwab, staff member, the International City Managers' Association.

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